



# Pennsylvania Wing FORM 5 CHECKRIDE DOCUMENT CHECKLIST

DATE: \_\_\_\_\_

PILOT: \_\_\_\_\_

CHECKPILOT: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> FORM-5                 | <input type="checkbox"/> FORM-5 WRITTEN              |
| <input type="checkbox"/> PILOT DATA SUMMARY     | <input type="checkbox"/> PILOT CERTIFICATE           |
| <input type="checkbox"/> CURRENT MEDICAL        | <input type="checkbox"/> CURRENT MEMBERSHIP          |
| <input type="checkbox"/> LAST PAGE OF PILOT LOG | <input type="checkbox"/> AIRCRAFT QUESTIONNAIRE      |
| <input type="checkbox"/> BFR (OR EQUIVALENT)    | <input type="checkbox"/> FAA WINGS PILOT PROFICIENCY |
| <input type="checkbox"/> WEIGHT & BALANCE       | <input type="checkbox"/> STATEMENT OF UNDERSTANDING  |

**ALL** of the above **MUST** be submitted as a package or the pilot's CAPF-5 **WILL NOT BE VALID** until submission is complete